

Patent
CIT.PAU.42

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:
SCHERER ET.AL.

Examiner: Luu

Group Art Unit: 2878

SERIAL NO. : 10/729,242

FILED: DECEMBER 4, 2003

FOR: SILICON ON INSULATOR
RESONATOR SENSORS AND
MODULATORS AND METHOD
OF OPERATING THE SAME

AMENDMENT AFTER FINAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In reply to the final Office Action mailed Feb. 17, 2006, please enter the following amendments and consider the following remarks.

Amendments to the Claims begin on page 2.

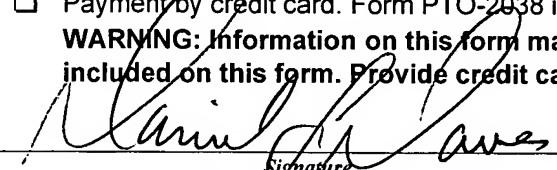
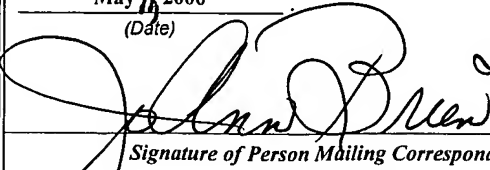
Remarks begin on page 10.

05/16/2006 EAYALEW1 00000020 10729242

01 FC:2201

600.00 OP

AF/ JFW

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. CIT1.PAU.42	
Applicant(s): Scherer et al.					
Application No. 10/729,242	Filing Date 12/04/2003	Examiner Luu	Customer No. 23386	Group Art Unit 2878	Confirmation No. 1194
Inventor(s): SILICON ON INSULATOR RESONATOR SENSORS AND MODULATORS AND METHOD OF OPERATING THE SAME					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11 -	20 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	9 -	3 =	6	x \$100.00	\$600.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$600.00
<input type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input checked="" type="checkbox"/> A check in the amount of \$600.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ <i>Signature</i>			Dated: May 11, 2006		
Daniel L. Dawes, Reg. No. 27,123 Myers Dawes Andras & Sherman LLP 19900 MacArthur Boulevard, Suite 1150 Irvine, California 92612			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on May 11, 2006 (Date)</p><p> _____ <i>Signature of Person Mailing Correspondence</i></p><p>Jo Ann Breen _____ <i>Typed or Printed Name of Person Mailing Correspondence</i></p></div>		
CC:					